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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000094238 (0)

WASHINGTON RACING SERVICES, INC.

Principal Place of Business Mailing Address 2207 CASEY KEY ROAD 2207 CASEY KEY ROAD NOKOMIS FL 34275-3322 NOKOMIS FL 34275 3a. Date of Last Report 3. Date Incorporated or Qualified 12/30/1994 01/30/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0547633 Not Applicable 21 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes ☐ Yes ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLADSTROM, WALTER C. 2207 CASEY KEY ROAD Street Address (P.O. Box Number is Not Acceptable) NOKOMIS FL 34275 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE proted name of registered agent and title if applicable when reinstaling) stered Agent sign 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE BLADSTROM, WALTER C 1.2 NAME NAME 2207 CASEY KEY ROAD STREET ADDRESS 1.3 STREET ADDRESS NOKOMIS FL 34275 CHY-ST-ZIP 1.4 CITY-\$T-ZIP DELETE SD Addition 2.1 TITLE Change TITLE BLADSTROM, ANNE M 2.2 NAME NAME 2207 CASEY KEY ROAD STREET ADDRESS 2.3 STREET ADDRESS **NOKOMIS FL 34275** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE ☐ Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-ZiP 5.4 CITY-ST-ZIP DELETÉ Addition Channe TITLE 61 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-\$T-ZIP

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE

GINATURE AND TAPELON PRIMAGO NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 (941) 966-9538

FILED

Jan 29 1997 8:00am

Secretary of State